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South Sudan

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on criteria for starting PEP, evaluation of risk, recommended prophylaxis, and follow-up screening recommendations by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be downloaded.

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- Occupational Setting
- People Who Have Been Sexually Assaulted
 - Consolidated Clinical Guidelines on Use of Antiretroviral Drugs for HIV Treatment and Prevention (PDF / 3 MB)

Occupational Setting

Year Issued:

2014

Criteria for Starting PEP:

Individuals are eligible for PEP if:

- Exposure occurred within the past 72 hours
- The exposed individual is not infected or not known to be infected with HIV
- The "source" is HIV-infected or has unknown HIV status
- Exposure was to blood, body tissues, visibly blood-stained fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid or amniotic fluid
- Exposure penetrated the skin with spontaneous bleeding or deep puncture or splash of significant amount of fluid to mucous membrane or prolonged contact of an at-risk substance with non-intact skin
- If the skin was penetrated, exposure was from a recently used hollow bore needle or other sharp object visibly contaminated with blood.

Recommended Prophylaxis:

Immediate care - depends on type and site of exposure.

After a needle stick or sharp injury:

- Do not squeeze or rub the injury site.
- Wash the site immediately with soap or mild disinfectant (chlorhexidine gluconate solution).
- Use antiseptic hand rub/ gel if no running water.
- Don't use strong irritating antiseptics (like bleach or iodine)After a splash of blood or body fluids in contact with intact skin.

- Wash the area immediately.
- Use antiseptic hand rub/ gel if no running water.
- Don't use strong irritating antiseptics (like bleach or iodine).

After a splash of blood or body fluid in contact with eye(s):

- Irrigate the exposed eye immediately with normal saline or water.
- Sit in a chair and let a colleague help you to rinse the eye with water, and pulling up and down the eye lid.
- Do not use soap and disinfectant in the eye.
- In case of contact lenses: leave them in, while cleaning the eye. Remove them later and clean them in the usual way.

After a splash contacts the mouth:

- Spit the fluid out immediately.
- Rinse the mouth thoroughly, using water or saline, and spit again.
- Repeat this several times.
- Do not use soap or disinfectant in the mouth.

Preferred: TDF + 3TC (or FTC) + EFV

Alternative: TDF + 3TC (or FTC) + LPV/r

Follow-up Screening Recommendations:

Perform follow-up HIV testing after 3-6 months after exposure to exclude sero-conversion.

In Accordance with WHO 2014 PEP Recommendations?:

Y (but drug regimen may differ from WHO recommendation)

People Who Have Been Sexually Assaulted **Year Issued:**

2014

Criteria for Starting PEP:

- Exposure occurred within the past 72 hours
- Exposed individual not known to be infected with HIV
- Significant exposure
- Person who was the source of exposure is HIV infected or has unknown HIV status
- Unconscious at time of the alleged assault and is uncertain about the nature of the potential exposure; or the person was gang raped.

Evaluation of Risk:

Defined risk of exposure, such as: Receptive vaginal or anal intercourse without a condom or with a condom that broke or slipped; or contact between the perpetrator's blood or ejaculate and mucous membrane or non-intact skin during the assault; or receptive oral sex with ejaculation; or the person who was sexually assaulted was drugged or otherwise.

Recommended Prophylaxis:

Preferred: TDF + 3TC (or FTC) + EFV

Alternative: TDF + 3TC (or FTC) + LPV/r

Follow-up Screening Recommendations:

Follow-up HIV testing 3-6 months after exposure.

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